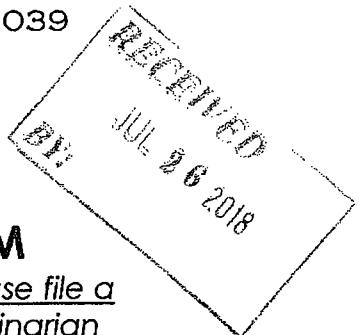


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV



## **COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

**PLEASE PRINT OR TYPE**

**FOR OFFICE USE ONLY**

Date Received: July 26, 2018 Case Number: 19-07

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr Virginia Kern & Dr Gumnusky  
Premise Name: East Mesa Animal Hospital PC  
Premise Address: 430 S Gilbert Road  
City: Mesa State: Az Zip Code: 85204  
Telephone: 480-833-8562

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Marcia & David Chapman  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Cell

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Charlie  
Breed/Species: Poodle  
Age: 14 years Sex: male Color: White

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Dr Kern  
Dr Gumninsky } 480-833-8562  
430 S Gilbert Rd  
Mesa AZ 85204.

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

David Chapman [REDACTED]  
Marcia Chapman [REDACTED]  
[REDACTED]  
[REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Marcia Chapman  
Date: 7/23/18

**F. ALLEGATIONS and /or CONCERNS:**

*Please provide all information that you feel relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

On May 3, 2018 we took our dog for a routine blood glucose test, it was low around 70 normal is 150-250. However, the instruction we were given was to give our diabetic dog a mixture of honey and water every 15 minutes with no instructions on when to stop and on top of that NOT to give any insulin until the morning meal. We did give honey and water but not every 15 minutes we administered the honey and water approx. 1-2 hours a couple of times as he is diabetic. Well that night he got us up several times to go out to urinate (which is a sign of high blood sugar), he wouldn't eat the next morning and we could tell he wasn't feeling very well. We called the Dr's office first thing and got him in right away. By then when they checked his blood sugar it was over 500. That is so high they had to keep him and hospitalize him. When I called to check on his status things went from bad to worse one minute he had a urine infection which we just spent around 500.00 curing to the next minute he had an intestinal infection. So, when I wanted to know which it was they said that he was very sick and to find out what was wrong would be another blood test that would be around 300.00. We went to see him on 5/7/18 to try and get him to eat and at that point we decided that he had been through too much. We had to put our precious baby down. Now they want us to pay a hospital bill for 936.23 which I feel was caused by bad instructions from a trusted professional. I believe the instructions to give honey and water and to hold back insulin for a dog that is diabetic not only caused his hospitalization but may have caused his premature death.

To whom it may concern:

Charlie Chapman was examined by Dr. Guminiski in our clinic on 05/03/18 with a glucose of 70 (please review notes in file.). Charlie has been an on going client of hers for some time now. On 05/04/18 during the morning hours, Charlie, who is a diabetic, was examined by me (Dr. Kern), and had a glucose of 643mg. He was lethargic and not eating. His TPR was, (Temp 99.7, Pulse 140, Resp. 30, and weight was 6.1lbs). The last time he had eaten was the morning of 05/03/18. I drew blood, collected a urine sample, and had him admitted into the hospital. At this time he also had hemorrhagic diarrhea. The results came back from the urine analysis and showed the urine had a 4+ glucose, 2+ blood, and a specific gravity of 1.032. Microscopic imaging showed he had 4-6 large glitter cells/ HPF with clumps of WBC, and a PH of 7.5.

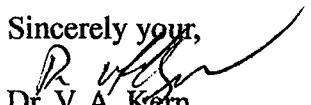
As a result Charlie had a urinary infection along with his high Glucose count. Complicating this he also had a heart problem along with a low thyroid, which was also being treated with medications documented as, Vetmedin and Soloxine. He was not vomiting when admitted which meant his medication was given, in addition to Milk Of Bismuth, better known as MOB, and Scopalame to decrease the peristalses of his gut and 1 unit of Vetsulin insulin. During treatment No IV was started, due to the fact that Charlie was not vomiting and the risk of Cardiac complications could be prevented. To correct the urinary infection, which could be causing this inappetence, antibiotics were given, Baytril and Amoxicillin. Later that afternoon at 3 P.M. Charlies glucose was 307, and at 5 P.M. Charlie was offered some food. He was given  $\frac{1}{2}$  can of Science Diet A/D with  $\frac{1}{4}$  can Glycobalance, which he ate on his own. So 2 units of insulin were given, and by this time Charlie had also started drinking on his own.

05/05/18, The glucose on Charlie was checked again at 5 A.M. Glucose showed a result of 485, due to the fact that Charlie was eating. I (Dr. Kern) checked to see what his normal dose of insulin was based on the file. The file showed that he was receiving 2 units in the A.M, and 1 unit in the P.M. However, during this time Charlie would not eat and was having to be force fed  $\frac{1}{4}$  can of Glycobalance. Later that morning at 11A.M. He was force fed another 30cc of Glycobalance. His glucose had been checked again and showed that his glucose had dropped to 47, and by 12 noon he was at 89. Continuing that afternoon at 2P.M. he was offered I/D stew with  $\frac{1}{4}$  can of Glycobalance which he had eaten on his own. At 5P.M. His glucose was at 156., and at 7P.M. Was offered a mixture of 1/8 can of I/D stew and 1/8 can Glycobalance. At 8P.M. His glucose was 612. At this time he was given 3 units of insulin. At 10P.M. Glucose had dropped to 92 and when offered food, he would not eat. The insulin has a peak effect at 6hrs, so glucose was monitored very closely to be kept above 40.

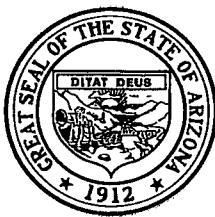
05/06/18, At 2A.M. Glucose was at 53, at 4 A.M. Glucometer said low, the effects of the insulin should have worn off by this time. I suspected that there was something else besides diabetes. I started force feeding every 15 minutes with honey water to elevate the glucose at 5 A.M. glucose was 69, and at 6Am is was 81, at this time all honey water was stopped. At 8 A.M. Glucose was 135. Charlie ate I/D stew. At 12 noon glucose was 602 and 1 unit of insulin was given. At 1PM glucose was 192 and again was offered I/D stew and would not eat. 8P.M. Glucose was at 460, 1 unit of insulin was given and was force fed 30cc of Glycobalance.

05/07/18, 4A.M. Glucose 135, 12 noon, glucose 282, at this time the owner arrived and talked to Dr. Guminiski and decided to euthanize. As you can see Charlies erratic eating and his responses he had to the insulin, many Glucose strips had to be used. Copy of the blood work is attached I had to decrease the cost of the glucose strips to half price. In retrospect Charlie had the best care that could be given.

Sincerely yours,

  
Dr. V. A. Kern

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair  
Ryan Ainsworth, D.V.M.  
Christina Tran, D.V.M. - **Absent**  
Mary Williams - **Absent**  
Carolyn Ratajack

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Victoria Whitmore, Executive Director  
Michael Raine, Assistant Attorney General

**RE:** Case: 19-07

Complainant(s): David and Marcia Chapman

Respondent(s): Virginia Kern, D.V.M. (License: 0781)

#### **SUMMARY:**

Complaint Received at Board Office: 7/26/18

Committee Discussion: 11/6/18

Board IIR: 12/12/18

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended April 2018  
(Green); Rules as Revised September  
2013 (Yellow).

On May 3, 2018, "Charlie," a 14-year-old male Poodle was presented to Dr. Gumiński to recheck the dog's blood glucose. Dr. Gumiński recommended giving the dog honey and water, decreasing the insulin dose and rechecking the following week.

The following day the dog was presented to Dr. Kern due to his declining condition. The dog was hospitalized for diagnostics and treatment.

On May 7, 2018, Complainants elected to euthanize the dog due to no improvement.

**Complainant, Ms. Chapman, was noticed and appeared telephonically.**

**Respondent was noticed and appeared telephonically. Attorney, David Stoll, appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: David and Marcia Chapman
- Respondent(s) narrative/medical record: Virginia Kern, DVM

## PROPOSED 'FINDINGS of FACT':

1. On May 3, 2018, the dog was presented to Dr. Guminiski to have a blood glucose recheck. The dog had a weight = 6.2 pounds, a temperature = 99.7 degrees, a heart rate = 140bpm and a respiration rate = 35rpm; no general condition noted. The blood glucose = 70. Dr. Guminiski recommended Complainants administer 3cc HW (honey water) – 1 Tbsp to 4oz of water every 15 minutes for 4 hours and decrease the insulin to 1 unit twice a day the following day. The dog was discharged with 12 cans of r/d and instructions to return next week.

2. Complainants stated that they did not give the dog honey and water every 15 minutes but approximately every 1 – 2 hours. The dog woke them several times that evening to go out to urinate, indicating high blood sugar. The following morning the dog would not eat and was not doing well.

3. On May 4, 2018, the dog was presented to Dr. Guminiski's associate, Dr. Kern, for a recheck. The dog had a weight = 6.1 pounds, a temperature = 99.7 degrees, a heart rate = 140bpm and a respiration rate = 30rpm; no general condition noted. The blood glucose = 643. Dr. Kern collected blood and urine for testing and hospitalized the dog for treatment; the dog was also having hemorrhagic diarrhea.

### 4. Urinalysis revealed:

Blood:	2+
Glucose:	4+
Urobili:	0.2
Spec Gravity:	1.032
Bacteria:	4 – 6 glitter cells
WBC:	1+ clump
pH:	7.5
Appear:	Clear
Color:	Yellow

5. Dr. Kern stated in her narrative that the dog had a urinary infection along with high glucose. The dog also had a heart problem with a low thyroid, which was also being treated. The dog was not started on IV fluids due to the heart problem and the fact the dog was not vomiting. Dr. Kern started the dog with 1 unit Vetsulin and the glucose decreased to 307. The dog was also started on the following medications:

- a. Milk of Bismuth, 6 drops;
- b. Barium 3cc every hour;
- c. Baytril 3cc (concentration unknown);
- d. Amoxicillin 1.5cc (concentration unknown);
- e. Soloxine 0.2mg, ¼ tablet
- f. Tylan 1/8 tsp; and
- g. Vetmedin 1.25mg, ¼ tablet.

6. At 5:00pm, the dog was given 2 units of Vetsulin and fed ¼ can Glycobalance and 1/8 can of a/d, which he ate well.

7. At 10:00pm, the dog's blood glucose was 617. Barium every hour was continued throughout

the night.

8. On May 5, 2018, treatments continued the same as the previous day; the dog had a glucose = 483 therefore Dr. Kern stated she administered 2 units Vetsulin (typed record states 4 units were given) and had to force feed due to inappetence.

9. At 11:00am, the glucose = 45 and at noon = 89. More food was force feed and the dog was given mirtazapine 1/4 tablet. Honey water was also started – 10cc. The dog began eating on his own.

10. At 5:00pm, the glucose = 156, the dog was medicated and fed a stew of i/d and Glycoblance, which he ate.

11. At 8:00pm, the glucose = 612 and Dr. Kern gave the dog 3 units of Vetsulin.

12. At 11:00pm, the glucose = 92. The dog was not eating therefore he was administered 10cc honey water every 15minutes until 4:00am. The glucose = low, therefore the honey water continued.

13. On May 6, 2018, at 8:00am, the dog's glucose = 135, he ate 1/d stew and was medicated with Tylan.

14. At noon, the glucose = 602 and 1 unit Vetsulin was administered. Medications were continued – mirtazapine, Baytril, biosol, amoxidrops, vetmedin and barium.

15. At 8:00pm, the dog was not eating, glucose = 460. He was force fed and administered 2 units Vetsulin.

16. Blood results came back and revealed the following:

WBC	39.8
Neutros	31,323
Monos	4,935
Eos	40
Glucose	686
Sodium	139
Na:K Ratio	27
Chloride	105
ALP	420
GGT	23
T4	0.7

17. On May 7, 2018, at 4:00am, the glucose = 135.

18. At noon, the dog had a glucose = 282. Later that day, Complainants visited the dog. Dr. Guminski discussed the blood work results and recommended additional testing. Complainants declined and elected to euthanize the dog.

19. Complainants expressed concerns that Dr. Guminski and Dr. Kern gave them poor

instructions – to administer honey water and withhold insulin - and could not determine what was wrong with the dog without performing more blood work.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that there were medical record keeping omissions.

They further discussed that Respondent hospitalized the dog and provided 24 hour care therefore a referral was not necessary. The dog was either becoming a brittle diabetic or the infection was affecting the dog's glucose. Hospitalizing the dog to perform serial glucoses was appropriate in this case.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

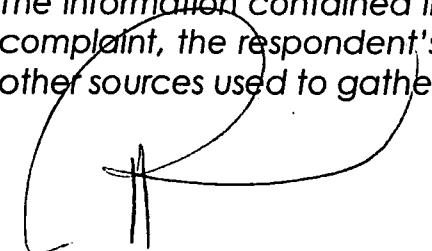
**Motion:** It was moved and seconded the Board find:

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L):

- (4) failure to document the dog's general condition in the medical record on May 4, 2018; and
- (7) (a) failure to document in the medical record the concentration of Amoxicillin and Baytril administered to the dog.

**Vote:** The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CTV  
Investigative Division